

STATE OF NEVADA

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH DIVISION  
Bureau of Community Health**

505 E. King Street, Room 103  
Carson City, NV 89701-4774  
(775) 684-5900  
FAX (775) 684-5998

**THE WOMEN'S HEALTH CONNECTION PROGRAM  
PROVIDER CORRESPONDENCE FFY 04-01**

April 7, 2006

**RE:** Claims Processing and "Rebill" and "Tracer" Claims

Dear Women's Health Connection Program Provider:

This correspondence discusses the Women's Health Connection Program policy concerning "tracer" and "rebill" claims. Due to the volume of claims received and limited staff, the program is paying claims between 30 and 90 days of receipt. Consequently, and as a result of having limited staff to do data entry, the program is unable to review your rebill/tracer claims to determine if they have been paid or to determine if they have been received by the program. Staff is authorized to review a rebill/tracer claim if it is sent in with a copy of the most recent Voucher (Explanation of Benefits, or EOB) and Voucher Items in Suspense report.

Also, please note that if the appropriate paperwork has been entered when the claims are processed, the claims will pay. However, if the provider that performed the initial screening exam does not submit the screening paperwork before the Pap test or the mammogram report are received, payment will not be authorized for that service. You will receive a note on your next Suspense Report stating "Client not eligible for cervical/breast service." Please review page 28 of the Participant Manual for more information about when services will be authorized for payment.

When a check is mailed to a provider, it includes a document that specifies the accounts that are being paid. As of September 2005, this document is called an Explanation of Benefits or Voucher. Also, since September 2005, a separate document identifying the claims that will not pay and the reasons the claims will not pay also is included with the check. This document is called Voucher Items in Suspense, or for our purposes, a "Suspense Report."

Because these tools have been given to program providers, it is not the practice of the Women's Health Connection Program to check on the status of claims. Consequently, tracer and rebill claims will be returned to you when they are received unless they are accompanied by a Voucher and Suspense Report that do not reflect the claims in question on either document. In this case, it is likely the program did not receive the initial claim. The subsequent claim that is submitted should include a copy of the exam that was performed for the respective date of service or the corresponding follow-up visit document.

**Provider Correspondence FFY 04-01**  
**Page 2**

Thank you for your understanding, and please feel free to contact me at (775) 684-5926 if I may answer any questions or concerns about this correspondence.

Respectfully,

Marla L. McDade Williams  
Program Manager  
Women's Health Connection Program